

PLACE OF BIRTH

1. County of Gila

District of

Town of

or

City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 160County Registrar No. 4Local Registrar No. 4No. Gila Co. Hosp St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Velma Pearl Swan (If child is not yet named, make supplemental report, as directed.)3. Sex of Child F To be answered ONLY in event of plural births. 4. Twin, triplet or other. yes 5. No., in order of birth 1 6. Legitimate? yes 7. Date of birth Jan 14 27 Month Day Year8. FATHER Full name E E Swan 14. MOTHER Full maiden name Florence Custard9. Residence (Usual place of abode) Cibola Ariz 15. Residence (Usual place of abode) Cibola
If non-resident, give place and state. If non-resident, give place and state.10. Color or race W 11. Age at last birthday 34 (Years) 16. Color or race W 17. Age at last birthday 24 (Years)12. Birthplace (city or place) Germ (State or country) 18. Birthplace (city or place) Wisconsin (State or country)13. Occupation Rancher 19. Occupation Housewife
Nature of Industry Nature of Industry20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 45 P m. on the date above stated
(Born alive or stillborn.)* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature R D Germedy (Physician or midwife). Address Globe ArizGiven name added from a supplemental report. Filed 1-31-27 M. J. Horst Local Registrar.
Month, day, year

Registrar

Filed _____, 19____ County Registrar.

525-114-634

th. a SEPAR. & RETURN must be made for each, and the order of birth stated.

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